



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C121177

1. DATE OF REPORT  7/16/2012	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE JANET THOMPSON FOR BOONE COUNTY	
3. COMMITTEE MAILING ADDRESS 1400 FORUM BLVD STE 38 #366 CITY / STATE / ZIP COLUMBIA MO 65203	4. COMMITTEE TELEPHONE NUMBER  (573) 289-4067
5. TREASURER'S NAME LEROY ANTHONY	
6. TREASURER'S MAILING ADDRESS 1450 N DOZIERS STATION ROAD CITY / STATE / ZIP COLUMBIA MO 65202	7. TREASURER'S TELEPHONE NUMBER HOME: (573) 474-4521 WORK: (573) 819-6021 CELL
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER VICKI HOBBS	
9. DEPUTY TREASURER'S MAILING ADDRESS 4001 SOUTH COATES LANE COLUMBIA MO 65203 CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (573) 445-4940 WORK: (573) 289-4062 CELL
11. DATE OF ELECTION 8/7/2012	12. TYPE OF ELECTION ( CHECK ONE ) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 4/1/2012 THROUGH 6/30/2012	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY  JANET THOMPSON 1400 FORUM BLVD STE 38 #366  COLUMBIA MO 65203  (573) 864-5197  COMMISSIONER  BOONE COUNTY  <input type="checkbox"/> CHECK IF INCUMBENT  <input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input checked="" type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16. COMMITTEE TREASURER'S SIGNATURE  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.  ELECTRONICALLY FILED Jul 16 2012 9:56AM _____ TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE ( CANDIDATE COMMITTEES ONLY )  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.  ELECTRONICALLY FILED Jul 16 2012 9:56AM _____ CANDIDATE'S SIGNATURE



## Missouri Ethics Commission

## REPORT SUMMARY

### Instructions on Reverse Side

Name of Committee
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JANET THOMPSON FOR  
BOONE COUNTY

Date of Report
----------------

7/16/2012

Office Use Only

Receipts		A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition	
1. Total Receipts For This Election Previously Reported			\$ 0.00		
2. All Monetary Contributions Received This Period		\$ 17,904.00		Money On Hand	
3. All Loans Received This Period		+ 1,000.00			
4. Miscellaneous Receipts This Period		+ 0.00			
5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)		\$ 18,904.00		24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 0.00
6. In-kind Contributions Received This Period		+ 1,313.38		25. Monetary Receipts this Period (From Item 5 - this page)	+ 18,904.00
7. Total All Receipts This Period (Sum 5A + 6A)		\$ 20,217.38		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23 ) a) Disbursements By Check \$ 8,022.50 b) Disbursements By Cash \$ 0.00	- 8,022.50
8. Total All Receipts This Election (Sum 1B + 7A)			\$ 20,217.38		
Expenditures		A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported			\$ 0.00	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 10,881.50
10. Expenditures made by cash or check this period		\$ 5,054.93		Indebtedness	
11. In-Kind Expenditures made this period		+ 0.00			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)		+ 6,853.89			
13. Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)		\$ 11,908.82		28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
14. Total Expenditures This Election (Sum 9B + 13A)			\$ 11,908.82	29. Loans Received This Period	+ 1,000.00
Contributions Made		A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported			\$ 0.00	30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 6,853.89
16. All Contributions Made This Period (25A or 25B of CD3)	A	0.00	⇐ Cash/Check	B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
	B	0.00	⇐ Credit Card		
17. All In-Kind Contributions Made This Period		+ 0.00		31. Payments Made on Loans This Period	- 2,967.57
18. Total Contributions Made This Period (Sum 16A + 17A)		\$ 0.00		32. Debt Forgiven on Loans This Period	- 0.00
19. Total All Contributions Made This Election (Sum 15B + 18A)			\$ 0.00	33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
Other Disbursements		A. This Period	B. This Calendar Yr or Election Cycle		
20. Funds Used For Paying Loans This Period Including Credit Card Payments		+ 2,967.57		34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 4,886.32
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)		+ 0.00			
22. Any Miscellaneous Disbursement Not Reported Elsewhere		+ 0.00			
23. Total Other Disbursements This Period (Sum 20A + 21A + 22A)		\$ 2,967.57			



**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE JANET THOMPSON FOR BOONE COUNTY		2. REPORT DATE 7/16/2012	
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: CITY / STATE: View Supplemental Form(s) EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 19,196.38	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 19,196.38	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$ 17,883.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$ 1,313.38	
<b>B. NON-ITEMIZED CONTRIBUTIONS RECEIVED</b> (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 21.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
<b>C. LOANS RECEIVED</b>			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 1,000.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 1,000.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 1,313.38	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 17,904.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 18,883.00	



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE JANET THOMPSON FOR BOONE COUNTY	DATE 7/16/2012
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**INSTRUCTIONS**

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: Janet Thompson CITY / STATE: 8300 N Wagon Trail Rd Columbia MO 65202 EMPLOYER: State of MO -- Public Defender <input type="checkbox"/> COMMITTEE:	4/1/2012 ----- \$ 71.00	\$ 71.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Janet Thompson CITY / STATE: 8300 N Wagon Trail Rd Columbia MO 65202 EMPLOYER: State of MO -- Public Defender <input type="checkbox"/> COMMITTEE:	4/9/2012 ----- \$ 339.00	\$ 268.38 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Joan Watson CITY / STATE: 807 W Stewart Rd Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	4/4/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Marjorie Thompson CITY / STATE: 8300 N Wagon Trail Rd Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	4/14/2012 ----- \$ 5,000.00	\$ 5,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Gregory Mermelstein CITY / STATE: PO Box 1837 Columbia MO 65205 EMPLOYER: Public Defenders Office -- Attorney <input type="checkbox"/> COMMITTEE:	4/18/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Landon & Sarah Rowland CITY / STATE: 12717 Mount Olivet Rd Kansas City MO 64166 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	4/21/2012 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gilbert & Donna Ross CITY / STATE: 1323 S Cedar Grove Blvd Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	4/23/2012 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Amy Boucheck CITY / STATE: 481 Glade Mill Rd Valencia PA 16059 EMPLOYER: Self-employed -- Medical equipment sales <input type="checkbox"/> COMMITTEE:	4/23/2012 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE JANET THOMPSON FOR BOONE COUNTY	DATE 7/16/2012
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**INSTRUCTIONS**

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<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Nancy & Lyell Lassiter CITY / STATE: 3632 Remington Cir EMPLOYER: Plano TX 75023 Retired <input type="checkbox"/> COMMITTEE:	4/23/2012 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jack & Betty Swanson CITY / STATE: 238 S Elm Ave EMPLOYER: Webster Groves MO 63119 Breihan & Associates -- Owner <input type="checkbox"/> COMMITTEE:	4/24/2012 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Margaret Peden CITY / STATE: 603 Rollins Ct EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	4/25/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Dale CITY / STATE: 4028 Ballentine Dr EMPLOYER: Montgomery AL 36106 Developer <input type="checkbox"/> COMMITTEE:	4/30/2012 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ray & Ele Dockweiler CITY / STATE: 731 Holly Glen Ct EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	4/30/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Karol Lanier CITY / STATE: 75 Shelford Way EMPLOYER: Beaver Creek OH 45440 Not employed <input type="checkbox"/> COMMITTEE:	5/7/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Horatio Custard CITY / STATE: 109 N Keene St EMPLOYER: Columbia MO 65201 Retired <input type="checkbox"/> COMMITTEE:	5/8/2012 ----- \$ 5.00	\$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Vicky Riback Wilson CITY / STATE: 3201 Blackberry Ln EMPLOYER: Columbia MO 65201 Retired <input type="checkbox"/> COMMITTEE:	5/8/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE JANET THOMPSON FOR BOONE COUNTY	DATE 7/16/2012
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**INSTRUCTIONS**

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Win Burggraaff CITY / STATE: 707 Thilly Ave Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/8/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Albert Sublett CITY / STATE: 2316 Hillshire Dr Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/8/2012 ----- \$ 75.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Howard Fulweiler CITY / STATE: 601 S Greenwood Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/8/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dennis & Barbara Mueller CITY / STATE: 104 Sappington Dr Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/8/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Laurie Hines & Ted Glasgow CITY / STATE: 1608 Wilson Ave Columbia MO 65201 EMPLOYER: State of MO -- Executive <input type="checkbox"/> COMMITTEE:	5/8/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Albert Mermelstein CITY / STATE: PO Box 1837 Columbia MO 65205 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/8/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Russel Breyfogle CITY / STATE: 608 Woodridge Dr Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/8/2012 ----- \$ 75.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Judy & Paul LaRose CITY / STATE: 3570 Old Ridge Rd Columbia MO 65203 EMPLOYER: Self-employed -- Piano Teacher <input type="checkbox"/> COMMITTEE:	5/9/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE JANET THOMPSON FOR BOONE COUNTY	DATE 7/16/2012
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**INSTRUCTIONS**

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Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Ilene Ford CITY / STATE: 802 D Bourn Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/9/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kathy Alexander CITY / STATE: 2009 D Waterfront Dr N Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/10/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Laura Perez-Mesa CITY / STATE: 609 Stewart Rd Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/10/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Catherine Van Voorn CITY / STATE: 819 W Rollins Columbia MO 65203 EMPLOYER: Self-employed -- Physician <input type="checkbox"/> COMMITTEE:	5/10/2012 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: James Rutter CITY / STATE: 306 N College Ave Columbia MO 65201 EMPLOYER: Self-employed -- Attorney <input type="checkbox"/> COMMITTEE:	5/10/2012 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Anthony Mead CITY / STATE: 1925 Shephard Liberty MO 64068 EMPLOYER: Energy Transport -- Gas Co worker <input type="checkbox"/> COMMITTEE:	5/12/2012 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rita Diekroeger CITY / STATE: 6140 S Rock Quarry Rd Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/14/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Peter Davis CITY / STATE: 700 S Greenwood Ave Columbia MO 65203 EMPLOYER: Univ of MO -- Prof Emeritus of Law <input type="checkbox"/> COMMITTEE:	5/14/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)





MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE JANET THOMPSON FOR BOONE COUNTY	DATE 7/16/2012
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**INSTRUCTIONS**

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Alice Thompson CITY/STATE: 8150 N Wagon Trail Rd Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/14/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Nancy McKerrow CITY/STATE: 2591 Rt O Columbia MO 65203 EMPLOYER: Retired -- Attorney <input type="checkbox"/> COMMITTEE:	5/14/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Earl & Helen Proctor CITY/STATE: 3432 Woodrail Terr Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/14/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: N Louanna Furbie & R A Benfer CITY/STATE: 9351 S Stanley Poe Rd Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/14/2012 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rob & Nancy Foss CITY/STATE: 3501 Glendale Dr Columbia MO 65202 EMPLOYER: Equine Medical Services -- Veterinarian <input type="checkbox"/> COMMITTEE:	5/14/2012 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Askinosie Chocolate CITY/STATE: 514 E Commercial St Springfield MO 65803 EMPLOYER: <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 70.00	\$ 70.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Lionheart Riding Academy CITY/STATE: 4201 E Hwy 163 Columbia MO 65201 EMPLOYER: <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 90.00	\$ 90.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Leslie Jett CITY/STATE: 807 E Green Meadows Columbia MO 65201 EMPLOYER: Univ of MO -- Chef <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 250.00	\$ 250.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)





MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE JANET THOMPSON FOR BOONE COUNTY	DATE 7/16/2012
--	-------------------

**INSTRUCTIONS**

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: McAdams Ltd CITY/STATE: 32 S Providence Rd EMPLOYER: Columbia MO 65203 <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 564.00	\$ 564.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Hope Gerdes CITY/STATE: 3942 Hwy B EMPLOYER: Berger MO 63014 Self-employer -- Jewelry <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Russel Breyfogle CITY/STATE: 608 Woodridge Dr EMPLOYER: Columbia MO 65201 Retired <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 110.00	\$ 35.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John & Aline Kultgen CITY/STATE: 1012 Hickory Hill EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ilene Ford CITY/STATE: 802D Bourn Ave EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 300.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sharon Schattgen CITY/STATE: 2200 Topaz Dr EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Pete & Sharon Carter CITY/STATE: 605 West Blvd S EMPLOYER: Columbia MO 65203 MO Public Defender Office -- Attorney <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sarah & John Riddick CITY/STATE: 602 Rollins Ct EMPLOYER: Columbia MO 65203 Retired -- Teacher <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE JANET THOMPSON FOR BOONE COUNTY	DATE 7/16/2012
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<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Melinda & William Swift CITY / STATE: 3805 Ashford Ct Columbia MO 65203 EMPLOYER: State of MO -- Attorney <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Karen Rader CITY / STATE: 2226 Shepard Blvd Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Todd Werts CITY / STATE: 8500 S Barry Rd Columbia MO 65201 EMPLOYER: Lear & Werts LLP -- Attorney <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Steve Gaw CITY / STATE: 1200 County Rd 382 Holts Summit MO 65043 EMPLOYER: Schirmer Suter and Gaw Law Firm -- Attorney <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Harry Feirman & Nancy Langworthy CITY / STATE: 7301 N Boothe Ln Rocheport MO 65279 EMPLOYER: Self-employed -- Farmer <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Don & Gayle Johnson CITY / STATE: 3419 Augusta Dr Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Priscilla Bevins CITY / STATE: 2907 Bluegrass Ct Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 30.00	\$ 30.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dale & Kerri Payne CITY / STATE: 4874 W East Ridge Rd Columbia MO 65202 EMPLOYER: AJ's Towing & Recovery -- Business owner <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE JANET THOMPSON FOR BOONE COUNTY	DATE 7/16/2012
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<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: W Michael & Shari Hamilton CITY / STATE: 1801 Doris Dr Columbia MO 65202 EMPLOYER: Law Office of Mike Hamilton -- Attorney <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Paul Wallace & Robin Remington CITY / STATE: 503 Taylor St Columbia MO 65201 EMPLOYER: Retired -- Professor <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bob Feller CITY / STATE: 1419 Torrey Pines Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John & Jeanne Galliher CITY / STATE: 112 E Parkway Dr Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kathy & Charlie Digges Sr CITY / STATE: 7 Bingham Rd Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert & Julie Fleming CITY / STATE: 12801 W Hwy EE Rocheport MO 65279 EMPLOYER: MO Dept of Conservation -- Wildlife Biologist <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: William & Doyne McKenzie CITY / STATE: 710 Thilly Ave Columbia MO 65203 EMPLOYER: Self-employed -- Attorney <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ann Edwards CITY / STATE: 4021 Grace Ellen Dr Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE JANET THOMPSON FOR BOONE COUNTY	DATE 7/16/2012
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NAME: ADDRESS: Juliette & Robert Bullock CITY / STATE: PO Box 71 EMPLOYER: Oak Hill AL 36766 Not employed <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Betty Wilson CITY / STATE: 1719 University Columbia MO 65201 EMPLOYER: Oliver Walker Wilson LLC -- Attorney <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Wanda & Selbert Chernoff CITY / STATE: 7031 Lakeshore Dr Raytown MO 64133 EMPLOYER: Self-employed -- Physician <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: T & T Inc CITY / STATE: 3808 Faurot Dr Columbia MO 65203 EMPLOYER: <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mary Wise CITY / STATE: 3905 Ivanhoe Blvd Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Betty Anthony CITY / STATE: 1924 Doris Dr Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jan Zemles CITY / STATE: 3416 Forum Blvd Columbia MO 65203 EMPLOYER: MO Public Defender Office -- Attorney <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Steve Weinberg CITY / STATE: 807 West Blvd S Columbia MO 65203 EMPLOYER: Self-employed -- Writer <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE JANET THOMPSON FOR BOONE COUNTY	DATE 7/16/2012
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<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Judy & Don Wood CITY / STATE: 9131 N Phillippe Rd EMPLOYER: Hallsville MO 65255 Columbia College -- Nurse Practitioner <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Geralyn Hill CITY / STATE: 9951 W Hwy 124 EMPLOYER: Harrisburg MO 65256 SEMCO -- Sales <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 30.00	\$ 30.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Deborah Booker CITY / STATE: 5395 N Oakland Rd EMPLOYER: Columbia MO 65202 Retired <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 32.00	\$ 32.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mark Streeter & Bill Hodges CITY / STATE: 6015 E Hwy HH EMPLOYER: Columbia MO 65202 Self-employed -- Builder <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 40.00	\$ 40.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Emma Jean McKinin CITY / STATE: 703 Engleside Dr EMPLOYER: Columbia MO 65201 Retired <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 10.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Margaret Booker CITY / STATE: 6395 N Oakland Gravel Rd EMPLOYER: Columbia MO 65202 Self-employed -- Non-profit mgmt consultant <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 16.00	\$ 16.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: B Scott Fines CITY / STATE: 2269 Concordia Dr EMPLOYER: Columbia MO 65203 NISC -- Software engineer <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 15.00	\$ 15.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jerome Rader CITY / STATE: 2226 Shepard Blvd EMPLOYER: Columbia MO 65201 MO Book Services -- Vice-President <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 325.00	\$ 325.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE JANET THOMPSON FOR BOONE COUNTY	DATE 7/16/2012
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<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Juliette & Robert Bullock CITY / STATE: 5554 Hwy 21 South EMPLOYER: Oak Hill AL 36766 Not employed <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 350.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Paul Wallace & Robin Remington CITY / STATE: 503 Taylor St EMPLOYER: Columbia MO 65201 Retired <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 275.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Marjorie Thompson CITY / STATE: 8300 N Wagon Trail Rd EMPLOYER: Columbia MO 65202 Retired <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 220.00	\$ 220.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Albert & Joanne Mermelstein CITY / STATE: PO Box 1837 EMPLOYER: Columbia MO 65205 Attorney <input type="checkbox"/> COMMITTEE:	5/15/2012 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Judy Wood CITY / STATE: 9131 N Phillippe Rd EMPLOYER: Hallsville MO 65255 Columbia College -- Nurse Practitioner <input type="checkbox"/> COMMITTEE:	5/29/2012 ----- \$ 150.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Reba Cassin CITY / STATE: 2001 Woodlea D EMPLOYER: Columbia MO 65201 Retired <input type="checkbox"/> COMMITTEE:	5/17/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Andy Smith CITY / STATE: 3914 Dublin Ave EMPLOYER: Columbia MO 65203 Columbia Academy of Music -- Instructor <input type="checkbox"/> COMMITTEE:	5/17/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Russell Newton CITY / STATE: 600 Medavista Dr EMPLOYER: Columbia MO 65203 Columbia Psych Services -- Psychologist <input type="checkbox"/> COMMITTEE:	5/17/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

---

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE JANET THOMPSON FOR BOONE COUNTY	DATE 7/16/2012
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<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Betsey Winnacker CITY / STATE: 609 Thilly Ave Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/19/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bette Weiss CITY / STATE: 4300 E Richland Rd Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/19/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Harry & Ann Sulzberger CITY / STATE: 3200 Woodbine Dr Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/19/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Liz Schmidt CITY / STATE: 1700 Forum Blvd Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/19/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rebecca Peck CITY / STATE: 11616 NE 116th St Liberty MO 64068 EMPLOYER: Wm Jewell College -- Administrator <input type="checkbox"/> COMMITTEE:	5/19/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Anthony Mead CITY / STATE: 1925 Shephard Liberty MO 64068 EMPLOYER: Energy Transport -- Gas Co worker <input type="checkbox"/> COMMITTEE:	5/19/2012 ----- \$ 350.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sharon Devine CITY / STATE: 1604 Jesse Ln Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/20/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Saddle & Bridle Inc Jeffrey Thompson CITY / STATE: 375 Jackson Ave St Louis MO 63130 EMPLOYER: Self-employed -- Equestrian equipment <input type="checkbox"/> COMMITTEE:	5/20/2012 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

---

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)





MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE JANET THOMPSON FOR BOONE COUNTY	DATE 7/16/2012
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<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Joe Morgan CITY / STATE: 219 Orr Rd EMPLOYER: Upper Saint Clair PA 15241 United States -- Military <input type="checkbox"/> COMMITTEE:	5/21/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jan Godfrey CITY / STATE: 506 S Garth Ave EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	5/21/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Carol Riesenber CITY / STATE: 409 Maupin Rd EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	5/30/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Stephen Harris CITY / STATE: 3655 Rt 0 EMPLOYER: Columbia MO 65203 MO State Public Defender -- Attorney <input type="checkbox"/> COMMITTEE:	5/31/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sydney Middendor CITY / STATE: 2451 N Rte J EMPLOYER: Rocheport MO 65279 Middendorf Farms -- Farmer <input type="checkbox"/> COMMITTEE:	5/31/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Leona Rubin CITY / STATE: 3991 S Ben Williams Rd EMPLOYER: Columbia MO 65201 Univ of MO -- Professor <input type="checkbox"/> COMMITTEE:	6/1/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kathleen Markie CITY / STATE: 316 E Briarwood Ln EMPLOYER: Columbia MO 65203 Univ of MO -- Attorney <input type="checkbox"/> COMMITTEE:	6/4/2012 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeanne Sebaugh CITY / STATE: 3609 Holly Hills Ct EMPLOYER: Columbia MO 65203 Self-employed -- Statistician <input type="checkbox"/> COMMITTEE:	6/6/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE JANET THOMPSON FOR BOONE COUNTY	DATE 7/16/2012
--	-------------------

**INSTRUCTIONS**

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: David Allen CITY / STATE: 2012 Woodhollow Dr Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	6/12/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Paula Briney CITY / STATE: PO Box 526 Chatham IL 62629 EMPLOYER: Self-employed -- Farmer <input type="checkbox"/> COMMITTEE:	6/15/2012 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gene Andersen CITY / STATE: 1205 Monroe Ave River Forest IL 60305 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	6/15/2012 ----- \$ 75.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Paul Briney CITY / STATE: 6732 Wagon Ford Rd Chatham IL 62629 EMPLOYER: Self-employed -- Farm Mgr <input type="checkbox"/> COMMITTEE:	6/15/2012 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dan & Susan Kelly CITY / STATE: 22489 Hansen Ave Warsaw MO 65355 EMPLOYER: ABC Labs -- Technician <input type="checkbox"/> COMMITTEE:	6/18/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Terry & Bonnie Knight CITY / STATE: 1955 E Calvert Hill Rd Columbia MO 65202 EMPLOYER: Boone Co Public Works -- Mechanic <input type="checkbox"/> COMMITTEE:	6/18/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gloria Gesztesy CITY / STATE: 1109 Falcon Dr Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	6/18/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert & Linda Faerber CITY / STATE: 218 Boone Hollow Dr Wentzville MO 63385 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	6/26/2012 ----- \$ 450.00	\$ 450.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE JANET THOMPSON FOR BOONE COUNTY	DATE 7/16/2012
--	-------------------

**INSTRUCTIONS**

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Susan Aschenbrenner CITY / STATE: 8717 Horton Cir EMPLOYER: Urbandale IA 50322 Not employed <input type="checkbox"/> COMMITTEE:	6/26/2012 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ronald Bunn CITY / STATE: 8101 E Hwy WW EMPLOYER: Columbia MO 65201 Retired <input type="checkbox"/> COMMITTEE:	6/30/2012 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION  
SUPPLEMENTAL LOAN INFORMATION

INSTRUCTIONS ON REVERSE SIDE

CHECK TYPE OF FORM

☐ LOAN RECEIVED

☒ LOAN REPAYMENT

OFFICE USE ONLY

NAME OF COMMITTEE

JANET THOMPSON FOR BOONE COUNTY

REPORT DATE

7/16/2012

**I. LOAN RECEIVED (LOAN OF MORE THAN \$100)**

1. NAME AND ADDRESS OF LENDER

2. NAME(S) AND ADDRESS(ES) OF PERSON(S) LIABLE FOR THE LOAN

3. LOAN I.D. NUMBER (IF ANY)

4. DATE OF LOAN

5. AMOUNT OF LOAN

\$

6. ANNUAL RATE OF INTEREST

%

7. TIME PERIOD OF LOAN (MONTH, YEARS, ETC.)

8. DESCRIBE REPAYMENT SCHEDULE (MONTHLY, SEMI-ANNUALLY, ETC.)

**II. SCHEDULE OF REPAYMENT (PAYMENT MADE OR CREDIT RECEIVED)**

1. DATE OF PAYMENT  
OR CREDIT

2. NAME AND ADDRESS OF LENDER

3. AMOUNT OF PAYMENT  
OR CREDIT

5/30/2012

Commerce Bank-VISA  
PO Box 411036  
Kansas City MO 64141

119.18

6/30/2012

Commerce Bank-VISA  
PO Box 411036  
Kansas City MO 64141

2,848.39

4. TOTAL PAYMENT OR CREDIT ON LOANS THIS PERIOD (SUM ITEM 3)

\$ 2,967.57

5. AMOUNT OF ITEM 4 THAT WAS PAYMENT MADE

\$ 2,967.57

6. AMOUNT OF ITEM 4 THAT WAS CREDIT RECEIVED

\$



MISSOURI ETHICS COMMISSION  
SUPPLEMENTAL LOAN INFORMATION

INSTRUCTIONS ON REVERSE SIDE

CHECK TYPE OF FORM

☒ LOAN RECEIVED

☐ LOAN REPAYMENT

OFFICE USE ONLY

NAME OF COMMITTEE

JANET THOMPSON FOR BOONE COUNTY

REPORT DATE

7/16/2012

**I. LOAN RECEIVED (LOAN OF MORE THAN \$100)**

1. NAME AND ADDRESS OF LENDER

Janet Thompson  
8300 N Wagon Trail Rd  
Columbia MO 65202

2. NAME(S) AND ADDRESS(ES) OF PERSON(S) LIABLE FOR THE LOAN

Janet Thompson  
5300 N Wagon Trail Rd  
Columbia MO 65202

3. LOAN I.D. NUMBER (IF ANY)

4. DATE OF LOAN

4/1/2012

5. AMOUNT OF LOAN

\$ 1,000.00

6. ANNUAL RATE OF INTEREST

N/A

%

7. TIME PERIOD OF LOAN (MONTH, YEARS, ETC.)

none

8. DESCRIBE REPAYMENT SCHEDULE (MONTHLY, SEMI-ANNUALLY, ETC.)

unknown

**II. SCHEDULE OF REPAYMENT (PAYMENT MADE OR CREDIT RECEIVED)**

1. DATE OF PAYMENT  
OR CREDIT

2. NAME AND ADDRESS OF LENDER

3. AMOUNT OF PAYMENT  
OR CREDIT


4. TOTAL PAYMENT OR CREDIT ON LOANS THIS PERIOD (SUM ITEM 3)

\$

5. AMOUNT OF ITEM 4 THAT WAS PAYMENT MADE

\$

6. AMOUNT OF ITEM 4 THAT WAS CREDIT RECEIVED

\$



**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
 Instructions on Reverse Side

Office Use Only

1. Name of Committee JANET THOMPSON FOR BOONE COUNTY		2. Report Date 7/16/2012	
<b>A. Expenditures of \$100 or Less by Category</b> (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure View Supplemental Form(s)			
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 0.00
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 387.10
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 387.10
<b>B. Itemized Expenditures All Over \$100</b> <b>And All Payments To Campaign Workers</b>		9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)
8. Name and Address of Recipient			11. Amount This Period
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
12. Subtotal: This Page ( Sum Column 11)			\$ 0.00
13. Subtotal: Any Attached Pages			+ 11,521.72
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 11,521.72
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 11,908.82
16. Amount of Line 15 Above which was Paid Out This Period			\$ 5,054.93
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 6,853.89
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 2,967.57
<b>C. Contributions Made (Regardless of Amount)</b>		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



NAME OF COMMITTEE JANET THOMPSON FOR BOONE COUNTY		DATE 7/16/2012
EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B)		AMOUNT PAID OR INCURRED THIS PERIOD
CATEGORY OF EXPENDITURE		
Map/Data CD	\$	20.00
Parade supplies	\$	46.22
Checks	\$	22.00
Website hosting	\$	77.98
Advertising	\$	100.00
Copies	\$	16.67
Online fundraising fees	\$	15.73
Copies	\$	31.12
Office supplies	\$	4.82
Parade supplies	\$	52.56
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL: ITEMIZED EXPENDITURES THIS PAGE		
(CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)	\$	--





**MISSOURI ETHICS COMMISSION**  
**ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM**

OFFICE USE ONLY

NAME OF COMMITTEE JANET THOMPSON FOR BOONE COUNTY		REPORT DATE 7/16/2012	
<b>ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b>			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: Boone Co Fair ADDRESS: 5212 Oakland Gravel Rd CITY/STATE: Columbia MO 65202	4/30/2012	Advertising \$	\$ <input checked="" type="checkbox"/> PAID 600.00 <input type="checkbox"/> INCURRED
NAME: Broadway Brewery ADDRESS: 816 E Broadway CITY/STATE: Columbia MO 65201	5/15/2012	Food for Event \$	\$ <input checked="" type="checkbox"/> PAID 150.00 <input type="checkbox"/> INCURRED
NAME: Centralia Fireside Guard ADDRESS: PO Box 7 CITY/STATE: Centralia MO 65240	4/26/2012	Advertising \$	\$ <input checked="" type="checkbox"/> PAID 250.00 <input type="checkbox"/> INCURRED
NAME: Centralia Fireside Guard ADDRESS: PO Box 7 CITY/STATE: Centralia MO 65240	5/3/2012	Advertising \$	\$ <input checked="" type="checkbox"/> PAID 400.00 <input type="checkbox"/> INCURRED
NAME: Centralia Fireside Guard ADDRESS: PO Box 7 CITY/STATE: Centralia MO 65240	6/6/2012	Advertising \$	\$ <input checked="" type="checkbox"/> PAID 200.00 <input type="checkbox"/> INCURRED
NAME: Centralia Fireside Guard ADDRESS: PO Box 7 CITY/STATE: Centralia MO 65240	6/7/2012	Advertising \$	\$ <input checked="" type="checkbox"/> PAID 800.00 <input type="checkbox"/> INCURRED
NAME: Centralia Fireside Guard ADDRESS: PO Box 7 CITY/STATE: Centralia MO 65240	6/30/2012	Advertising \$	\$ <input checked="" type="checkbox"/> PAID 200.00 <input type="checkbox"/> INCURRED
NAME: Columbia Daily Tribune ADDRESS: PO Box 798 CITY/STATE: Columbia MO 65205	6/26/2012	Advertising \$	\$ <input checked="" type="checkbox"/> PAID 1,212.13 <input type="checkbox"/> INCURRED
NAME: Dr Don's Buttons ADDRESS: 3906 W Morrow Dr CITY/STATE: Glendale AZ 85308	5/15/2012	Campaign buttons \$	\$ <input checked="" type="checkbox"/> PAID 119.18 <input type="checkbox"/> INCURRED
NAME: Hallsville Heritage Days ADDRESS: 14851 Ricketts Rd CITY/STATE: Columbia MO 65255	4/30/2012	Advertising \$	\$ <input checked="" type="checkbox"/> PAID 400.00 <input type="checkbox"/> INCURRED
NAME: Hotcards ADDRESS: 1600 E 23rd St CITY/STATE: Cleveland OH 44114	4/24/2012	Printed campaign materials \$	\$ <input checked="" type="checkbox"/> PAID 232.58 <input type="checkbox"/> INCURRED
NAME: Hotcards ADDRESS: 1600 East 23rd St CITY/STATE: Cleveland OH 44114	5/11/2012	Printed campaign materials \$	\$ <input checked="" type="checkbox"/> PAID 103.65 <input type="checkbox"/> INCURRED
NAME: Midwest Mailing ADDRESS: PO Box 723 CITY/STATE: Columbia MO 65205	5/8/2012	Campaign mailing \$	\$ <input checked="" type="checkbox"/> PAID 631.39 <input type="checkbox"/> INCURRED
NAME: Office Depot ADDRESS: 101 S Providence Rd CITY/STATE: Columbia MO 65203	4/18/2012	Copies \$	\$ <input checked="" type="checkbox"/> PAID 128.82 <input type="checkbox"/> INCURRED
NAME: Office Depot ADDRESS: 101 S Providence Rd CITY/STATE: Columbia MO 65203	5/1/2012	Copies \$	\$ <input checked="" type="checkbox"/> PAID 254.70 <input type="checkbox"/> INCURRED
<b>TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b> (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --



MISSOURI ETHICS COMMISSION  
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE JANET THOMPSON FOR BOONE COUNTY		REPORT DATE 7/16/2012	
<b>ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b>			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: Office Depot ADDRESS: 101 S Providence Rd CITY/STATE: Columbia MO 65203	6/27/2012	Copies \$	\$ 164.53 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Tennessee Print Masters ADDRESS: 2151 Denton Ave CITY/STATE: Cookeville TN 38501	5/24/2012	Signs \$	\$ 2,511.70 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Ts Etc ADDRESS: 1 S Fourth St CITY/STATE: Columbia MO 65201	6/4/2012	T-shirts \$	\$ 107.85 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Witt Printing ADDRESS: 214 S Eighth St CITY/STATE: Columbia MO 65201	4/19/2012	Printed campaign materials \$	\$ 555.19 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Progressive Political Partners ADDRESS: 4001 S Coats Ln CITY/STATE: Columbia MO 65203	6/30/2012	Strategic Planning & Mgmt \$	\$ 2,500.00 <input type="checkbox"/> PAID <input checked="" type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C121177

1. DATE OF REPORT  7/29/2012	OFFICE USE ONLY
------------------------------------	-----------------

INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE JANET THOMPSON FOR BOONE COUNTY	
3. COMMITTEE MAILING ADDRESS 1400 FORUM BLVD STE 38 #366 CITY / STATE / ZIP COLUMBIA MO 65203	4. COMMITTEE TELEPHONE NUMBER  (573) 289-4067
5. TREASURER'S NAME LEROY ANTHONY	
6. TREASURER'S MAILING ADDRESS 1450 N DOZIERS STATION ROAD CITY / STATE / ZIP COLUMBIA MO 65202	7. TREASURER'S TELEPHONE NUMBER HOME: (573) 474-4521 WORK: (573) 819-6021 CELL
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER VICKI HOBBS	
9. DEPUTY TREASURER'S MAILING ADDRESS 4001 SOUTH COATES LANE COLUMBIA MO 65203 CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (573) 445-4940 WORK: (573) 289-4062 CELL
11. DATE OF ELECTION 8/7/2012	12. TYPE OF ELECTION ( CHECK ONE ) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 7/1/2012 THROUGH 7/26/2012	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY  JANET THOMPSON 1400 FORUM BLVD STE 38 #366  COLUMBIA MO 65203  (573) 864-5197  COMMISSIONER  BOONE COUNTY  <input type="checkbox"/> CHECK IF INCUMBENT  <input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input checked="" type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16. COMMITTEE TREASURER'S SIGNATURE  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.  ELECTRONICALLY FILED Jul 29 2012 11:10PM TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE ( CANDIDATE COMMITTEES ONLY )  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.  ELECTRONICALLY FILED Jul 29 2012 11:10PM CANDIDATE'S SIGNATURE



# Missouri Ethics Commission

## REPORT SUMMARY

Instructions on Reverse Side

Name of Committee

JANET THOMPSON FOR  
BOONE COUNTY

Date of Report

7/29/2012

Office Use Only

Receipts	A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition	
1. Total Receipts For This Election Previously Reported		\$ 20,217.38		
2. All Monetary Contributions Received This Period	\$ 1,720.00			
3. All Loans Received This Period	+ 0.00			
4. Miscellaneous Receipts This Period	+ 0.00			
5. <b>Subtotal</b> Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 1,720.00			
6. In-kind Contributions Received This Period	+ 0.00			
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)	\$ 1,720.00			
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)		\$ 21,937.38		
<b>Expenditures</b>	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 11,908.82		
10. Expenditures made by cash or check this period	\$ 4,533.50			
11. In-Kind Expenditures made this period	+ 0.00			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 1,363.96			
13. <b>Total</b> All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 5,897.46			
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)		\$ 17,806.28		
<b>Contributions Made</b>	A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported		\$ 0.00		
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00 B 0.00	← Cash/Check ← Credit Card		
17. All In-Kind Contributions Made This Period	+ 0.00			
18. <b>Total</b> Contributions Made This Period (Sum 16A + 17A)	\$ 0.00			
19. <b>Total All Contributions Made This Election</b> (Sum 15B + 18A)		\$ 0.00		
<b>Other Disbursements</b>	A. This Period	B. This Calendar Yr or Election Cycle		
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 1,550.10			
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 0.00			
22. Any Miscellaneous Disbursement Not Reported Elsewhere	+ 0.00			
23. <b>Total Other Disbursements This Period</b> (Sum 20A + 21A + 22A)	\$ 1,550.10			
			<b>Money On Hand</b>	
			24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 10,881.50
			25. Monetary Receipts this Period (From Item 5 - this page)	+ 1,720.00
			26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 6,083.60 b) Disbursements By Cash \$ 0.00	- 6,083.60
			27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 6,517.90
			<b>Indebtedness</b>	
			28. Outstanding Indebtedness at the beginning of this period	\$ 4,886.32
			29. Loans Received This Period	+ 0.00
			30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 1,363.96
			B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
			31. Payments Made on Loans This Period	- 1,550.10
			32. Debt Forgiven on Loans This Period	- 0.00
			33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
			34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 4,700.18



**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE JANET THOMPSON FOR BOONE COUNTY		2. REPORT DATE 7/29/2012	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME: ADDRESS: CITY / STATE: View Supplemental Form(s) EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 1,720.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 1,720.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$ 1,720.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$ 0.00	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 1,720.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 1,720.00	



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE JANET THOMPSON FOR BOONE COUNTY	DATE 7/29/2012
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**INSTRUCTIONS**

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: Dan Gralike CITY/STATE: 3808 Watts Ct Columbia MO 65203 EMPLOYER: Office of State Public Defender -- Deputy Director <input type="checkbox"/> COMMITTEE:	7/2/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gilbert & Donna Ross CITY/STATE: 1323 S Cedar Grove Blvd Columbia MO 65201 EMPLOYER: Retired -- Physician <input type="checkbox"/> COMMITTEE:	7/4/2012 ----- \$ 350.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jake Gingerich CITY/STATE: 409 E Crofton Hall Rd Sturgeon MO 65284 EMPLOYER: Gingerich Excavating -- Excavation <input type="checkbox"/> COMMITTEE:	7/5/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ian Thompson III CITY/STATE: 7277 Charlotte Pike #343 Nashville TN 37209 EMPLOYER: Student <input type="checkbox"/> COMMITTEE:	7/6/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Karen Howard Barrow CITY/STATE: PO Box 109 Kingdom City MO 65262 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/6/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mariel Stephenson CITY/STATE: 2111 Rock Quarry Rd Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/9/2012 ----- \$ 15.00	\$ 15.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Doris Littrell CITY/STATE: 920 Timberhill Rd Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/10/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Cindy Neagle CITY/STATE: PO Box 10201 Columbia MO 65205 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE:	7/11/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE JANET THOMPSON FOR BOONE COUNTY	DATE 7/29/2012
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**INSTRUCTIONS**

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Bill T Crawford CITY / STATE: 802 Edgewood EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	7/12/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rose Marie Berry CITY / STATE: 503 W Broadway EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	7/13/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Marjorie Pinkerton CITY / STATE: 20 Springer Dr EMPLOYER: Columbia MO 65201 Retired <input type="checkbox"/> COMMITTEE:	7/15/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Paul Wallace & Robin Remington CITY / STATE: 503 Taylor St EMPLOYER: Columbia MO 65201 Retired <input type="checkbox"/> COMMITTEE:	7/15/2012 ----- \$ 325.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Elizabeth Peters CITY / STATE: 305 McNab Dr EMPLOYER: Columbia MO 65201 Univ of MO -- Physician <input type="checkbox"/> COMMITTEE:	7/15/2012 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ann Peters CITY / STATE: 3808 Berrywood EMPLOYER: Columbia MO 65201 Self-employed -- Scientific instruments <input type="checkbox"/> COMMITTEE:	7/15/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bonner Mitchell CITY / STATE: 14 Miller Dr EMPLOYER: Columbia MO 65201 Retired <input type="checkbox"/> COMMITTEE:	7/15/2012 ----- \$ 80.00	\$ 80.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bonnie Bourne CITY / STATE: 1503 University Ave EMPLOYER: Columbia MO 65201 Self-employed -- Consultant <input type="checkbox"/> COMMITTEE:	7/15/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)





MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE JANET THOMPSON FOR BOONE COUNTY	DATE 7/29/2012
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**INSTRUCTIONS**

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Fran Madden CITY / STATE: 4507 Timber Ln Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/15/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Peter Byger CITY / STATE: 1411 Pratt Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/15/2012 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Emma Jean McKinin CITY / STATE: 703 Ingleside Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/15/2012 ----- \$ 40.00	\$ 30.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Barbara Hoppe CITY / STATE: 607 Bluffdale Dr Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/15/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Vicki Dempsey CITY / STATE: 1680 Maine Quincy IL 62301 EMPLOYER: Self-employed -- Attorney <input type="checkbox"/> COMMITTEE:	7/16/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ellen Wolfe CITY / STATE: 8000 E Turner Farm Rd Columbia MO 65201 EMPLOYER: Univ of MO -- Medical Technologist <input type="checkbox"/> COMMITTEE:	7/16/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Howard Eiffert CITY / STATE: 2240 Country Ln Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/18/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: June Pfefer CITY / STATE: 2409 Bluff Blvd Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/24/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION  
SUPPLEMENTAL LOAN INFORMATION

INSTRUCTIONS ON REVERSE SIDE

CHECK TYPE OF FORM

☐ LOAN RECEIVED

☒ LOAN REPAYMENT

OFFICE USE ONLY

NAME OF COMMITTEE

JANET THOMPSON FOR BOONE COUNTY

REPORT DATE

7/29/2012

**I. LOAN RECEIVED (LOAN OF MORE THAN \$100)**

1. NAME AND ADDRESS OF LENDER

2. NAME(S) AND ADDRESS(ES) OF PERSON(S) LIABLE FOR THE LOAN

3. LOAN I.D. NUMBER (IF ANY)

4. DATE OF LOAN

5. AMOUNT OF LOAN

\$

6. ANNUAL RATE OF INTEREST

%

7. TIME PERIOD OF LOAN (MONTH, YEARS, ETC.)

8. DESCRIBE REPAYMENT SCHEDULE (MONTHLY, SEMI-ANNUALLY, ETC.)

**II. SCHEDULE OF REPAYMENT (PAYMENT MADE OR CREDIT RECEIVED)**

1. DATE OF PAYMENT  
OR CREDIT

2. NAME AND ADDRESS OF LENDER

3. AMOUNT OF PAYMENT  
OR CREDIT

7/25/2012

Commerce Bank-VISA  
PO Box 411036  
Kansas City MO 64141

1,550.10

4. TOTAL PAYMENT OR CREDIT ON LOANS THIS PERIOD (SUM ITEM 3)

\$ 1,550.10

5. AMOUNT OF ITEM 4 THAT WAS PAYMENT MADE

\$ 1,550.10

6. AMOUNT OF ITEM 4 THAT WAS CREDIT RECEIVED

\$



**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
 Instructions on Reverse Side

Office Use Only

1. Name of Committee JANET THOMPSON FOR BOONE COUNTY		2. Report Date 7/29/2012	
A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure View Supplemental Form(s)			
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 0.00
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 276.34
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 276.34
B. Itemized Expenditures All Over \$100 And All Payments To Campaign Workers		9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)
8. Name and Address of Recipient			11. Amount This Period
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
12. Subtotal: This Page ( Sum Column 11)			\$ 0.00
13. Subtotal: Any Attached Pages			+ 5,621.12
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 5,621.12
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 5,897.46
16. Amount of Line 15 Above which was Paid Out This Period			\$ 4,533.50
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 1,363.96
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 1,550.10
C. Contributions Made (Regardless of Amount)		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



NAME OF COMMITTEE
JANET THOMPSON FOR BOONE COUNTY

DATE
7/29/2012

**(LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B)**

AMOUNT PAID OR  
INCURRED THIS PERIOD[illegible]

Copies	\$	132.00
--------	----	--------

Copies	\$ 11.49
--------	----------

Stamps	\$ 127.35
--------	-----------

Office Supplies	\$ 3.75
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Online fundraising fees	\$ 1.75
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\$

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TOTAL: ITEMIZED EXPENDITURES THIS PAGE

(CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)

\$

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MISSOURI ETHICS COMMISSION  
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE JANET THOMPSON FOR BOONE COUNTY		REPORT DATE 7/29/2012	
<b>ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b>			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: Hotcards ADDRESS: 1600 E 23rd St CITY/STATE: Cleveland OH 44114	7/3/2012	Printing \$ 0.00	\$ <input checked="" type="checkbox"/> PAID 503.65 <input type="checkbox"/> INCURRED
NAME: Hotcards ADDRESS: 1600 E 23rd St CITY/STATE: Cleveland OH 44114	7/10/2012	Printing \$ 0.00	\$ <input checked="" type="checkbox"/> PAID 509.09 <input type="checkbox"/> INCURRED
NAME: Midwest Mail ADDRESS: PO Box 723 CITY/STATE: Columbia MO 65205	7/11/2012	Printing \$ 0.00	\$ <input checked="" type="checkbox"/> PAID 141.58 <input type="checkbox"/> INCURRED
NAME: Midwest Mail ADDRESS: PO Box 723 CITY/STATE: Columbia MO 65205	7/16/2012	Mailing service \$ 0.00	\$ <input checked="" type="checkbox"/> PAID 1,449.69 <input type="checkbox"/> INCURRED
NAME: Hotcards ADDRESS: 1600 E 23rd St CITY/STATE: Cleveland OH 44114	7/20/2012	Printing \$	\$ <input checked="" type="checkbox"/> PAID 503.41 <input type="checkbox"/> INCURRED
NAME: FedEx Office ADDRESS: 25 S 6th St CITY/STATE: Columbia MO 65201	7/24/2012	Copies \$ 0.00	\$ <input checked="" type="checkbox"/> PAID 104.61 <input type="checkbox"/> INCURRED
NAME: Midwest Mail ADDRESS: PO Box 723 CITY/STATE: Columbia MO 65205	7/25/2012	Mailing service \$ 0.00	\$ <input checked="" type="checkbox"/> PAID 1,409.09 <input type="checkbox"/> INCURRED
NAME: Progressive Political Partners ADDRESS: 4001 S Coats Ln CITY/STATE: Columbia MO 65203	7/26/2012	Strategic Planning & Mgmt \$	\$ <input type="checkbox"/> PAID 1,000.00 <input checked="" type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --



MISSOURI ETHICS COMMISSION  
24 HOUR NOTICE OF LATE CONTRIBUTIONS / LOANS RECEIVED

P.O. BOX 1254  
JEFFERSON CITY, MO 65102  
(800) 392-8660  
(573) 526-4506 (FAX)  
www.mec.mo.gov

M.E.C. ID NO. C121177

This form may be used to report the receipt of any late contribution or loan of more than \$250 received within 11 days of the election pursuant to Section 130.050.3 RSMo. Information provided on this form is merely a notice as required.

1. STATEMENT DATE	<b>PLEASE NOTE: Any late contribution or loan reported must also be <u>included</u> in subsequent committee disclosure reports.</b>	
2. FULL NAME OF COMMITTEE JANET THOMPSON FOR BOONE COUNTY		
ADDRESS OF COMMITTEE ADDRESS: 1400 FORUM BLVD STE 38 #366 CITY / STATE / ZIP: COLUMBIA MO 65203		
3. NAME OF CANDIDATE JANET THOMPSON	4. OFFICE SOUGHT COMMISSIONER	
FULL NAME: Ian and Donna Thompson ADDRESS: 13815 Bluff Lane CITY / STATE / ZIP: San Antonio, TX 78216	DATE RECEIVED 7/28/2012	AMOUNT 5,000.00
FULL NAME: ADDRESS: CITY / STATE / ZIP:	DATE RECEIVED	AMOUNT
FULL NAME: ADDRESS: CITY / STATE / ZIP:	DATE RECEIVED	AMOUNT
FULL NAME: ADDRESS: CITY / STATE / ZIP:	DATE RECEIVED	AMOUNT
FULL NAME: ADDRESS: CITY / STATE / ZIP:	DATE RECEIVED	AMOUNT
FULL NAME: ADDRESS: CITY / STATE / ZIP:	DATE RECEIVED	AMOUNT
FULL NAME: ADDRESS: CITY / STATE / ZIP:	DATE RECEIVED	AMOUNT
FULL NAME: ADDRESS: CITY / STATE / ZIP:	DATE RECEIVED	AMOUNT
FULL NAME: ADDRESS: CITY / STATE / ZIP:	DATE RECEIVED	AMOUNT